

Case Number:	CM14-0025611		
Date Assigned:	06/13/2014	Date of Injury:	07/07/2005
Decision Date:	07/15/2014	UR Denial Date:	02/05/2014
Priority:	Standard	Application Received:	02/28/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 52-year-old male who was injured on 07/17/2005. The mechanism of injury is unknown. Prior treatment history has included spironolactone 25 mg, Naproxen, Bupropion, Modafinil, Tizanidine, Conzip, AndroGel, Losartan, Fluoxetine, Metformin, Triamterene/HCTZ, Atenolol, and omeprazole. On note dated 01/16/2014, there is a documented request for a motor scooter because of inability to weight bear or stand too long. On exam, the patient is noted to weight 225 lbs. Progress report dated 01/14/2014 indicated the patient complained of back, neck, right wrist, bilateral shoulder and left knee pain. He rated his pain as an 8/10. On exam, there was lumbar spine tenderness across the paraspinals and spasm. The cervical spine revealed tenderness and crepitus with movement. Impressions are lumbago, myofascial pain, and chronic pain syndrome. Prior utilization review dated 02/05/2014 denied the request for a scooter, as it was determined that a scooter was not essential to care.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

SCOOTER: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg, Power Mobility Devices.

Decision rationale: CA MTUS guidelines do not discuss the issue in dispute. According to ODG guidelines, power mobility devices are not recommended if the functional deficit can be sufficiently resolved by the prescription of a cane or walker, or the patient has sufficient upper extremity function to propel a manual wheelchair. The patient is a 52-year-old male injured on 7/17/05. He complains of chronic back, neck, shoulder, right wrist and left knee pain. He is diagnosed with depression, lumbago, myofascial pain, and somatic symptom disorder. There is tenderness, spasm, painful range of motion, and crepitus noted on cervical and lumbar examination. Global upper extremity weakness, positive impingement sign of the right shoulder, and painful right shoulder range of motion are also noted. This is a request for a motorized scooter because of, "inability to weight bear for too long." However, medical records fail to establish significant objective functional deficits that render the patient incapable of ambulation, use of a walker or cane, or use of a manual wheelchair. Physical examination details are lacking. Range of motion and strength are not quantified. Diagnostics are not provided other than an MRI of the pelvis on 10/15/13, which shows degenerative changes and broad-based disc protrusion at L2-3 level. Medical necessity is not established. The request is not medically necessary and appropriate.